

www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	124400001		CITY	OR TOWN	STOUGH	TON
APPLICATION FOR	RENEWAL:	Annual		LICEN	ISED FOR 2	013
		CLASS				YEAR
LICENSEE NAME:	MICHAEL ROMA	NUCK POST #164:	V.F.W	. INC.		
DOING BUSINESS A	VFW POST 1645	5, INC.				
ADDRESS 837 WAS	HINGTON ST.					
CITY/TOWN: STOU	IGHTON	STATE: MA	ZI	P CODE:	02072	
MANAGER: SOME K.	RS, DAVID TYI	PE OF LICENSE:Cl	ub	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PI	LEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	MAIL ADD	RESS		_
DESCRIPTION OF L						
TWO STORY BLDG, REAR, ONE ENTRAL						EMENT.
I hereby certify and sw	vear under penalties	of perjury that:				
1. the renewed	d license will be of	the same type for the	same p	remises nov	v licensed;	
2. the licensee	has complied with	all laws of the Com	monwea	lth relating	to taxes; and	
3. the premise	es are now open for	business (If not expl	ain belo	ow)		
SIGNED BY:	In It is a Demonstration			3C*		
	individual, Partner	or Authorized Corp	orate Of	ncer		
DATE:	TELEDITOR	E MINADED		EMDI OVE	D IDENTIFICAT	ΓΙΟΝ NUMBER:
2.112.	TELEPHON	E NUMBER:	(1			Security Number)
We the undersigned, Acts of 2004, signed						
license and (2) the ce	•	-		-		
Please Check Below:			LOC	CAL LICEN	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved explain	n)					
DATE:						
APPLICATION FOR RENEWA	AL MUST BE FILED BY L	ICENSEES DURING THE M	ONTH OF	NOVEMBER (1	M.G.L. Ch. 138 \$ 1	6A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1244	100003	CITY	OR TOWN	STOUGHT	ON
APPLICATION FOR REN	TEWAL: Ar	nual	LICENSI	ED FOR 20	13
	CI	LASS			YEAR
LICENSEE NAME: STO	UGHTON GOVERNOR'	S CORPORATION	ON		
DOING BUSINESS A TH	E GOVERNOR'S PUB				
ADDRESS 37 MONK ST.					
CITY/TOWN: STOUGH	TON STATE	E: MA Z	IP CODE:	02072	
MANAGER: SALTERS, L.	JOSEPH TYPE OF LICE	ENSE: Restauran	t CA	TEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEASE	ALSO VISIT OUR WEBSITE AND EN	ΓER YOUR EMAIL ADI	DRESS		
DESCRIPTION OF LICEN					
ONE FLOOR, REST ROO AND REAR EXTERIOR (the state of the s	KITCHEN,ST	ORAGE AF	REA
I hereby certify and swear i	under penalties of perjury	that:			
1. the renewed lice	ense will be of the same ty	pe for the same j	premises now li	icensed;	
2. the licensee has	complied with all laws of	the Commonwe	alth relating to	taxes; and	
3. the premises are	now open for business (It	not explain bel	ow)		
SIGNED BY:	vidual, Partner or Authoriz	zed Corporate O	Officer		
DATE:	TELEPHONE NUMBE				ION NUMBER:
			(Note: NOT Indiv	idual Social Se	ecurity Number)
We the undersigned, atte Acts of 2004, signed by the license and (2) the certification.	ne building inspector and	the head of the	e fire departm	ent for the	above named
Please Check Below:		LO	CAL LICENSII	NG AUTHO	ORITY
APPROVED:		By:			
DISAPPROVED:					
(If disapproved explain)					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124	1400004	CI	TY OR TOWN	STOUGHTON				
APPLICATION FOR RE	NEWAL:	Annual	LICENS	SED FOR 2013				
		CLASS		YEAR				
LICENSEE NAME: BA DOING BUSINESS A SI	MOKEY BONES BARE		L					
ADDRESS 301 TECHNO								
CITY/TOWN: STOUGH	HTON STA	TE: MA	ZIP CODE:	02072				
MANAGER: DiCARLO MARSHA		CENSE: Restau	rant CA	ATEGORY: All Alco	ohol			
EMAIL ADDRESS:								
	E ALSO VISIT OUR WEBSITE AND	ENTER YOUR EMAIL	ADDRESS					
DESCRIPTION OF LICE		mic poole	WITCHEN DAR	A CINICE DUDI IC				
ONE STORY BUILDING RESTROOMS, WAITING			KITCHEN, BAK	LOUNGE, PUBLIC				
I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)								
SIGNED BY:	lividual, Partner or Autho	orized Corporate	e Officer					
DATE:	TELEPHONE NUM	BER:		IDENTIFICATION NUMI				
(Note: <u>NOT</u> Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.								
Please Check Below:		I	LOCAL LICENS	ING AUTHORITY				
APPROVED:		F	Ву:					
DISAPPROVED: (If disapproved explain)		-						
(ii aisappio red explain)					_			
					_			
		-			_			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 124400006		CIT	ΓY OR TOWN	STOUGHT	ON
APPLICATION FOR	R RENEWAL:	Annu	al	LICEN	SED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NAME: DOING BUSINESS						
ADDRESS 1165 PA	RK ST.					
CITY/TOWN: STC	OUGHTON	STATE:	MA	ZIP CODE:	02072	
MANAGER: BRIS	SCOE, NANCY TYI	PE OF LICENS	SE:Restaur	rant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER	YOUR EMAIL	ADDRESS		_
DESCRIPTION OF	LICENSED PREMIS	SES:				
ONE STORY BLDC ROOM, KITCHEN. PROPOSED FUNCT	BASEMENT; ONE	FUNCTION R				
I hereby certify and s	wear under penalties	of perjury that	:			
	ed license will be of	• •		-		
	ee has complied with			· ·	o taxes; and	
3. the premi	ses are now open for	business (If no	t explain b	elow)		
SIGNED BY:	Individual, Partner	or Authorized	Corporate	Officer		
DATE:	TELEPHON	E NUMBER:				TON NUMBER:
				(Note: NOT Inc	dividual Social S	ecurity Number)
We the undersigned Acts of 2004, signed license and (2) the o	d by the building in	spector and th	e head of	the fire depart	ment for the	above named
Please Check Below:			L	OCAL LICENS	SING AUTHO	ORITY
APPROVED:			В	y:		
DISAPPROVED: [(If disapproved explain	oin)		_			
(11 disappioved expir	<i>)</i>		_			
			-			
DATE:			_			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124400008	C	TY OR TOWN	STOUGHT	ON
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: CLUB LUIZ DE CAI	MOES INC.			
DOING BUSINESS A				
ADDRESS 76 PORTER STREET				
CITY/TOWN: STOUGHTON	STATE: MA	ZIP CODE:	02072	
MANAGER: LIMA, MANUEL A. TYPE	OF LICENSE: Club	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PREMISE ONE ROOM STREET FLOOR FOR SALE CELLAR FOR STORAGE	S:		OR FOR SAL	ES.
I hereby certify and swear under penalties of	f periury that:			
1. the renewed license will be of the		ne premises now	licensed;	
2. the licensee has complied with al	* *	-		
3. the premises are now open for bu	isiness (If not explain	below)		
SIGNED BY:		0.00		
Individual, Partner of	r Authorized Corporat	e Officer		
DATE: TELEPHONE		EN (D) OVER		TON MILL OPER
TELEPHONE	NUMBER:	(Note: NOT Ind		ION NUMBER: ecurity Number)
		·		
We the undersigned, attest that we are in	possession (1) the co	ertificate require	ed by Chapto	er 304 of the
Acts of 2004, signed by the building inspelicense and (2) the certificate of liquor lia		the fire departi		
license and (2) the certificate of liquor lia Please Check Below:	bility insurance requ	the fire departi	r 116 of the <i>A</i>	Acts of 2010.
license and (2) the certificate of liquor lia Please Check Below: APPROVED:	ability insurance requ	the fire departi nired by Chapte	r 116 of the <i>A</i>	Acts of 2010.
license and (2) the certificate of liquor lia Please Check Below: APPROVED: DISAPPROVED:	ability insurance requ	the fire departing the fire department of the	r 116 of the <i>A</i>	Acts of 2010.
license and (2) the certificate of liquor lia Please Check Below: APPROVED:	ability insurance requ	the fire departing the fire department of the	r 116 of the <i>A</i>	Acts of 2010.
license and (2) the certificate of liquor lia Please Check Below: APPROVED: DISAPPROVED:	ability insurance requ	the fire departing the fire department of the	r 116 of the <i>A</i>	Acts of 2010.



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1	24400010		CITY	OR TOWN	STOUGHT	ΓON
APPLICATION FOR R	RENEWAL:	Annual		LICEN	ISED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: S	STOUGHTON POST	#89 INC.				
DOING BUSINESS A	THE AMERICAN LI	EGION				
ADDRESS 398 PROSE	PECT STREET					
CITY/TOWN: STOU	GHTON	STATE: MA	ZI	P CODE:	02072	
MANAGER: FOSTE G.	R, EDGAR TYPE O	OF LICENSE: Ch	ıb	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLI	EASE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR E	MAIL ADDI	RESS		_
DESCRIPTION OF LIC	CENSED PREMISES	1				
2 1/2 STORY FRAME STORAGE ROOMS. E BLDG						
I hereby certify and swe	ear under penalties of p	perjury that:				
1. the renewed	license will be of the	same type for the	same p	remises now	v licensed;	
2. the licensee	has complied with all	laws of the Comi	nonwea	lth relating t	to taxes; and	
3. the premises	s are now open for bus	iness (If not expl	ain belo	w)		
SIGNED BY:	Individual, Partner or A	Authorized Corpo	orate Of	ficer		
DATE:	TELEDIJONE N	III ADED.		EMPI OVE	R IDENTIFICAT	ΓΙΟΝ NUMBER:
	TELEPHONE N	UMBEK:	(1			Security Number)
We the undersigned, a Acts of 2004, signed b license and (2) the cer	y the building inspec	tor and the head	d of the	fire depart	ment for the	above named
Please Check Below:			LOC	AL LICEN	SING AUTH	ORITY
APPROVED:	-		By:			
DISAPPROVED:						
(If disapproved explain)					
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124400011	CITY OR TOWN STOUGHTON
APPLICATION FOR RENEWAL: Annua	LICENSED FOR 2013
CLAS	S YEAR
LICENSEE NAME: PORTUGUESE NATIONAL CLU	JB INC.
DOING BUSINESS A	
ADDRESS 21 RAILROAD AVE.	
CITY/TOWN: STOUGHTON STATE:	MA ZIP CODE: 02072
MANAGER: Soares, Joseph M. TYPE OF LICENS	E:Club CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER	YOUR EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
I hereby certify and swear under penalties of perjury that	:
1. the renewed license will be of the same type f	or the same premises now licensed;
2. the licensee has complied with all laws of the	Commonwealth relating to taxes; and
3. the premises are now open for business (If no	t explain below)
SIGNED BY:	
Individual, Partner or Authorized	Corporate Officer
DATE: TELEPHONE NUMBER.	EMPLOYER IDENTIFICATION NUMBER:
TELEPHONE NUMBER:	(Note: NOT Individual Social Security Number)
We the undersigned, attest that we are in possession	
Acts of 2004, signed by the building inspector and the license and (2) the certificate of liquor liability insura	
incense and (2) the certificate of inquor hability insura	ince required by Chapter 110 of the Acts of 2010.
Please Check Below:	LOCAL LICENSING AUTHORITY
APPROVED:	By:
DISAPPROVED:	
(If disapproved explain)	
DATE:	
APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING	THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 124400013		CITY OR TOW	N STOUGH	ION
APPLICATION FOR	RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	SAN SALVADO	R ASSOC. INC.			
DOING BUSINESS A	A KNIGHTS OF	COLUMBUS			
ADDRESS 14 SEAV	ER ST.				
CITY/TOWN: STO	UGHTON	STATE: MA	ZIP CODE:	02072	
MANAGER: DEAN JOSE		YPE OF LICENSE:Clu	0	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
F	LEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	AIL ADDRESS		_
DESCRIPTION OF I	LICENSED PREM	IISES:			
	-	th all laws of the Commor business (If not expla		ig to taxes; and	
	Individual, Partn	er or Authorized Corpo	rate Officer		
DATE:	TELEPHO	NE NUMBER:		YER IDENTIFICA Individual Social S	
Acts of 2004, signed	by the building i	re in possession (1) the nspector and the head r liability insurance re	of the fire depa	artment for the	above named
Please Check Below:			LOCAL LICE	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	III <i>)</i>				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124	1400016	C	II Y OK TOWN	3100011	ON
APPLICATION FOR RE	NEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME: ITA	ALIAN AMERICA	N OF STOUGHTON	N, INC		
DOING BUSINESS A SO	ONS OF ITALY				
ADDRESS 548 WASH.&	z BOYDEN ST				
CITY/TOWN: STOUGH	HTON	STATE: MA	ZIP CODE:	02072	
MANAGER: DEGREG SALVATO	the state of the s	OF LICENSE: Club	C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEAS	E ALSO VISIT OUR WEBSI	TE AND ENTER YOUR EMAI	L ADDRESS		_
DESCRIPTION OF LICE					
TO INCLUDE A FENCE			OF BUILDING.		
I hereby certify and swear	=				
		same type for the sa	•		
	-	laws of the Common	_	o taxes; and	
3. the premises ar	re now open for bus	siness (If not explain	below)		
SIGNED BY:	lividual, Partner or	Authorized Corpora	te Officer		
DATE:	TELEPHONE N	NUMBER:			ION NUMBER:
			(Note: NOT Inc	lividual Social S	ecurity Number)
We the undersigned, att Acts of 2004, signed by license and (2) the certif	the building inspe	ctor and the head o	f the fire depart	ment for the	above named
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)			-		
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 124400018		CITY	OR TOWN	STOUGHT	ΓΟΝ
APPLICATION FO	OR RENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME	: A & M RESTAURA	NT, INC				
DOING BUSINESS	S A AMELIA'S					
ADDRESS 217 WA	ASHINGTON ST.					
CITY/TOWN: STO	OUGHTON	STATE: MA	ZII	P CODE:	02072	
	LLIAMS, TYPE BRA	OF LICENSE:R	estaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS	:					
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR	EMAIL ADDR	RESS		_
DESCRIPTION OF	F LICENSED PREMISE	ES:				
UPSTAIRS/FOUR	OWNWSTAIRS/TWO F ROOMS;LOUNGE,KIT FOUR EXITS. CELLA	TCHEN WITH O	NE MAIN			
I hereby certify and	swear under penalties o	f perjury that:				
1. the renev	wed license will be of the	e same type for th	ne same pr	remises now	licensed;	
	see has complied with a			•	to taxes; and	
3. the prem	nises are now open for bu	usiness (If not exp	olain belov	w)		
SIGNED BY:	Individual, Partner o	r Authorized Corp	porate Off	ficer		
DATE:	TELEPHONE	NUMBER:	1)			ΓΙΟΝ NUMBER: Security Number)
Acts of 2004, signe	ed, attest that we are in ed by the building insp e certificate of liquor lia	ector and the he	ad of the	fire depart	ment for the	above named
Please Check Below:	_		LOC	AL LICENS	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED: (If disapproved expl	loin)					
(II disappioved expl	14111 <i>)</i>					
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 124400019		CITY OR TOWN	1 STOUGHT	ION
APPLICATION FOR	RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	GOLDEN PALAC	CE INC.			
DOING BUSINESS A	A CHINESE REST	ΓAURANT			
ADDRESS 300 WAS	HINGTON ST.				
CITY/TOWN: STO	UGHTON	STATE: MA	ZIP CODE:	02072	
MANAGER: LEE, POR	PETER HANG TY	TPE OF LICENSE: Res	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
F	LEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR EN	MAIL ADDRESS		_
DESCRIPTION OF I	ICENSED PREMI	ISES:			
•		IENT FOR STORAGI	Ξ.		
I hereby certify and sv	•				
		f the same type for the	•		
		h all laws of the Comr		to taxes; and	
3. the premis	es are now open for	r business (If not expla	ain below)		
SIGNED BY:			OST		
	Individual, Partne	er or Authorized Corpo	orate Officer		
D 4 (TIE)					
DATE:	TELEPHO	NE NUMBER:		ER IDENTIFICAT	
			(Note: <u>NOT</u>)	Individual Social S	security Number)
		e in possession (1) the			
		nspector and the head r liability insurance r			
Please Check Below:			LOCAL LICEN	ISING AUTH	ORITY
APPROVED:			By:	10110111	01411
DISAPPROVED:			•		
(If disapproved explain	in)				
D 4 (TIE)					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	124400020		CITY OR TO	WN STOUGH	TON
APPLICATION FOR	RENEWAL:	Annual	LIC	CENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME:	NALLI ENTERPRISI	ES INC.			
DOING BUSINESS A	THE LAST SHOT				
ADDRESS 559 WASI	HINGTON ST.				
CITY/TOWN: STOU	JGHTON	STATE: MA	ZIP CODI	E: 02072	
MANAGER: NALL J.	I, ANTHONY TYPE	OF LICENSE: Res	staurant	CATEGORY	: All Alcohol
EMAIL ADDRESS:					
PI	LEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF L					
THREE FLOORS,GR STORAGE AND OFF				GE SECOND FI	LOOR;
I hereby certify and sw	ear under penalties of	perjury that:			
1. the renewed	d license will be of the	same type for the	same premises	now licensed;	
2. the licensee	e has complied with all	laws of the Comr	nonwealth relat	ing to taxes; and	
3. the premise	es are now open for bu	siness (If not expla	ain below)		
SIGNED BY:					
	Individual, Partner or	Authorized Corpo	orate Officer		
DATE.					
DATE:	TELEPHONE 1	NUMBER:		OYER IDENTIFICATION $f T$ Individual Social	
			(security (various)
Acts of 2004, signed	attest that we are in by the building inspe	ctor and the head	d of the fire dep	partment for th	e above named
license and (2) the ce	ertificate of liquor lia	bility insurance r	equired by Ch	apter 116 of the	e Acts of 2010.
Please Check Below: APPROVED:				ENSING AUTH	HORITY
DISAPPROVED:			By:		
(If disapproved explain	 n)				
, and the state of	,				
DATE:					
APPLICATION FOR RENEWA	AL MUST BE FILED BY LICE	NSEES DURING THE M	ONTH OF NOVEMB	ER (M.G.L. Ch. 138 \$	16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 124400021		CITY OR TO	OWN S	TOUGHT	ON
APPLICATION FOI	R RENEWAL:	Annual	L	ICENSE	D FOR 20	
LICENSEE NAME: DOING BUSINESS ADDRESS 577 WA	A LA STORIA	CLASS OVEN PIZZER	[A			YEAR
CITY/TOWN: STO	OUGHTON	STATE: M	A ZIP COL	DE:	02072	
MANAGER: CRO	WLEY, NEIL P.TY	PE OF LICENSE:	Restaurant	CAT	EGORY:	All Alcohol
EMAIL ADDRESS: DESCRIPTION OF FIRST FLOOR; KIT AND DINING ARE AND EXIT	CHEN,DINING ARI	SES: EA AND HP RES	TROOMS. 2ND			
2. the licens	red license will be of ee has complied with ses are now open for Individual, Partner	the same type for all laws of the Co business (If not e	ommonwealth rela xplain below)			
DATE: We the undersigne Acts of 2004, signed license and (2) the	d, attest that we are d by the building in	spector and the l	(Note: <u>N</u>) the certificate read of the fire d	<u>OT</u> Indivions of the second o	dual Social So by Chapte nt for the	above named
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain		manney mouran	LOCAL LI By:	-		
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 124400022		CITY OR TOWN	1 21000011	ON
APPLICATION FOR	RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	BAY WATCH INC.	OF STOUGHTON			
DOING BUSINESS A	A ALEX'S				
ADDRESS 584 WAS	HINGTON ST.				
CITY/TOWN: STO	UGHTON	STATE: MA	ZIP CODE:	02072	
MANAGER: ALEX GEOR	· · · · · · · · · · · · · · · · · · ·	E OF LICENSE: Res	taurant (CATEGORY:	All Alcohol
EMAIL ADDRESS:					
F	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR EM	IAIL ADDRESS		_
DESCRIPTION OF I	LICENSED PREMISE	ES:			
ONE ENTRANCE SO	OUTH SIDE OF BLD	G. ENTRANCE IN	REAR FROM PA	ARKING LOT	
I hereby certify and sv	=				
	ed license will be of th	• 1	•		
	e has complied with a			to taxes; and	
3. the premis	es are now open for b	usiness (If not expla	in below)		
SIGNED BY:					
	Individual, Partner o	or Authorized Corpo	rate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYI	ER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NOT I	ndividual Social S	Security Number)
We the undersioned	l, attest that we are i	n nossession (1) the	certificate requi	red by Chant	er 304 of the
Acts of 2004, signed	by the building insp	ector and the head	of the fire depar	tment for the	above named
license and (2) the c	ertificate of liquor li	ability insurance r	equired by Chapt	er 116 of the	Acts of 2010.
Please Check Below:			LOCAL LICEN	ISING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	in)				
D 4 (TIE)					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 124400024	'	CITY OR TOWN 3	ТОООПТС	JIN
APPLICATION FOR	R RENEWAL:	Annual	LICENSE	D FOR 201	3
		CLASS		Y	YEAR
LICENSEE NAME:	KIT CHING, INC				
DOING BUSINESS	A CHINATOWN				
ADDRESS 103 SHA	RON ST				
CITY/TOWN: STO	UGHTON	STATE: MA	ZIP CODE:	02072	
MANAGER: WON	G, KIT CHINGTY	PE OF LICENSE: Rest	aurant CAT	EGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EMA	AIL ADDRESS		
DESCRIPTION OF I	LICENSED PREMI	SES:			
		OCATE BAR TO LE TROOMS, ONE ENT			OOR;
I hereby certify and s	wear under penalties	of perjury that:			
1. the renew	ed license will be of	the same type for the s	ame premises now lic	ensed;	
2. the license	ee has complied with	all laws of the Comm	onwealth relating to ta	ixes; and	
3. the premis	ses are now open for	business (If not explain	n below)		
SIGNED BY:			0.00		
	Individual, Partner	or Authorized Corpor	ate Officer		
D 4 (TE					
DATE:	TELEPHON	IE NUMBER:	EMPLOYER ID		
			(Note: NOT Individ	iuai Sociai Sec	curity Number)
		in possession (1) the			
		spector and the head liability insurance re			
ncense and (2) the C	er uncate or inquor	namity insurance re	quired by Chapter 1	10 of the A	cts 01 2010.
Please Check Below: APPROVED:			LOCAL LICENSIN	G AUTHO	RITY
DISAPPROVED:			By:		
(If disapproved expla	in)				
(approved empire	,				
DATE:					
			<u></u>		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	124400025		CI	TY OR TOW	N STOUGHT	ON
APPLICATION FOR	RENEWAL:	Annual	1	LICE	ENSED FOR 20	013
		CLASS	S			YEAR
LICENSEE NAME:	TANG-SZ RESTA	URANT CORP	ORATIC)N		
DOING BUSINESS A	CHENG DU RES	TAURANT				
ADDRESS 762 WASI	HINGTON ST.					
CITY/TOWN: STOU	JGHTON	STATE:	MA	ZIP CODE:	02072	
MANAGER: TANG	, LEI TYF	E OF LICENSI	E:Restau	rant	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PI	LEASE ALSO VISIT OUR WE	EBSITE AND ENTER Y	OUR EMAIL	ADDRESS		_
DESCRIPTION OF L	ICENSED PREMIS	SES:				
TWO ROOMS,FIRST ENTRANCE AT WAS				ORAGE IN 1	BASEMENT.	
I hereby certify and sw	ear under penalties	of perjury that:				
1. the renewed	d license will be of	he same type for	or the san	ne premises no	ow licensed;	
2. the licensee	e has complied with	all laws of the C	Common	wealth relatin	g to taxes; and	
3. the premise	es are now open for	business (If not	explain l	pelow)		
SIGNED BY:						
	Individual, Partner	or Authorized (Corporate	Officer		
DATE:	TELEPHON	E NUMBER:			YER IDENTIFICAT	
				(Note: NOT	Individual Social S	Security Number)
We the undersigned,	attest that we are	in possession (1) the ce	rtificate requ	ired by Chapt	er 304 of the
Acts of 2004, signed	by the building ins	pector and the	head of	the fire depa	rtment for the	above named
license and (2) the ce	ertificate of liquor	liability insura	nce requ	ired by Chap	oter 116 of the	Acts of 2010.
Please Check Below:			I	OCAL LICE	NSING AUTHO	ORITY
APPROVED:			E	By:		
DISAPPROVED:						
(If disapproved explain	11)		-			
			-			
DATE:			=			
DILL.			-			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	C : 124400029		CITY OR TOW	N STOUGHT	ION
APPLICATION FOI	R RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	CLUB OF SA	N JOHN FILARMONICA	SOCIETY INC.		
DOING BUSINESS	A				
ADDRESS 845 WA	SHINGTON ST	Γ.			
CITY/TOWN: STO	OUGHTON	STATE: MA	ZIP CODE:	02072	
MANAGER: TOM	IAS, JOSE	TYPE OF LICENSE: Clu	b	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS		_
DESCRIPTION OF	LICENSED PR	EMISES:			
ONE FLOOR (HAL	L) AND CELI	LAR FOR STORAGE			
I hereby certify and s	swear under pen	alties of perjury that:			
1. the renew	ed license will	be of the same type for the	same premises no	w licensed;	
2. the licens	ee has complied	l with all laws of the Comr	nonwealth relating	g to taxes; and	
3. the premi	ses are now ope	en for business (If not expla	in below)		
SIGNED BY:					
	Individual, Pa	artner or Authorized Corpo	rate Officer		
DATE:	TELEP	HONE NUMBER:	EMPLOY	ER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NOT	Individual Social S	Security Number)
Wa the and design	d - 440 o4 4h o4			inad hu Chant	204 of the
		e are in possession (1) the ng inspector and the head			
		quor liability insurance r			
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	ain)				
			-		
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 124400031		CITY OR TOWN S	TOUGHTON
APPLICATIO	ON FOR RENEWAL:	Annual	LICENSEI	D FOR 2013
		CLASS		YEAR
LICENSEE N	AME: STOUGHTO	N TOWN SPA INC.		
DOING BUSI	NESS A			
ADDRESS 11	19 WASHINGTON S	ST.		
CITY/TOWN	: STOUGHTON	STATE: MA	ZIP CODE: 0)2072
MANAGER:	PHILLIPS, RICHARD A.	TYPE OF LICENSE:R	estaurant CATI	EGORY: All Alcohol
EMAIL ADD	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PF	REMISES:		
AREA. UPPE	R HALF STORY-OF	T FLR; KITCHEN,LOUN FICES. FULL CELLAR- GTON ST AND DELIVI	COCKTAIL LOUNGE	AND STORAGE.
I hereby certif	y and swear under per	nalties of perjury that:		
1. the	renewed license will	be of the same type for the	e same premises now lice	ensed;
2. the	licensee has complied	d with all laws of the Con	nmonwealth relating to ta	xes; and
3. the	premises are now ope	en for business (If not exp	plain below)	
SIGNED BY		artner or Authorized Cor	oorate Officer	
	•			
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDI	ENTIFICATION NUMBER:
	TEE	HONE NONDEK.	(Note: NOT Individ	ual Social Security Number)
Acts of 2004,	, signed by the buildi	ve are in possession (1) t ng inspector and the he quor liability insurance	ad of the fire departmen	nt for the above named
Please Check Bel	low:		LOCAL LICENSING	G AUTHORITY
APPROVED:			By:	
DISAPPROV				
(If disapprove	a explain)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 124400032		CITY OR TOWN	STOUGHT	ON
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE N.	AME: VILLAGE P	UB & RESTAURANT IN	IC.		
DOING BUSI	NESS A				
ADDRESS 12	72 WASHINGTON	ST.			
CITY/TOWN:	: STOUGHTON	STATE: MA	ZIP CODE:	02072	
MANAGER:	CAPOZZOLI, PAULINE E.	TYPE OF LICENSE:R	estaurant C.	ATEGORY:	All Alcohol
EMAIL ADDI	RESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
	N OF LICENSED PI				
FIRST AND S	SECOND FLOOR SE	ERVING AREAS			
I hereby certify	y and swear under per	nalties of perjury that:			
		be of the same type for the	•		
	•	d with all laws of the Con	_	o taxes; and	
3. the	premises are now op	en for business (If not exp	olain below)		
SIGNED BY:					
	Individual, P	Partner or Authorized Corp	oorate Officer		
DATE:	TELE	PHONE NUMBER:	EMPLOYEI	R IDENTIFICAT	ION NUMBER:
			(Note: NOT Inc	lividual Social So	ecurity Number)
We the under	rejound attact that y	we are in possession (1) t	ha cartificata raquir	od by Chante	or 304 of the
		ing inspector and the hea			
license and (2	2) the certificate of l	iquor liability insurance	required by Chapte	r 116 of the A	Acts of 2010.
Please Check Bel	ow:		LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVI	ED:		•		
(If disapproved	d explain)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 124400034		CITY OR TOWN STOUGH	HON
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME:	THE DO CORPO	ORATION		
DOING BUSINESS	A WHIPLASH			
ADDRESS 63 WYN	MAN ST.			
CITY/TOWN: STO	OUGHTON	STATE: MA	ZIP CODE: 02072	
MANAGER: SILV	VA, DANIEL S. T	YPE OF LICENSE: Res	taurant CATEGORY	: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	MAIL ADDRESS	
DESCRIPTION OF	LICENSED PREM	IISES:		
ONE ROOM FIRST STORAGE. ONE E			CHEN. CELLAR AND ONE R	OOM FOR
I hereby certify and	swear under penalti	es of perjury that:		
1. the renev	ved license will be o	of the same type for the	same premises now licensed;	
2. the licens	see has complied wi	th all laws of the Comn	nonwealth relating to taxes; and	[
3. the prem	ises are now open for	or business (If not expla	nin below)	
SIGNED BY:			0.00	
	Individual, Partn	er or Authorized Corpo	rate Officer	
D.A. III.				
DATE:	TELEPHO	NE NUMBER:	EMPLOYER IDENTIFICA	
			(Note: NOT Individual Social	Security Number)
			e certificate required by Chap	
			l of the fire department for the equired by Chapter 116 of the	
ncense and (2) the	certificate of fiquo	i nability ilisurance it	equired by Chapter 110 of the	e Acts of 2010.
Please Check Below: APPROVED:			LOCAL LICENSING AUTI	HORITY
DISAPPROVED: DISAPPROVED:			By:	
(If disapproved expl	ain)			
· · · · · · · · · · · · · · · · · · ·	·· ,			
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124400035		CITY OR TOWN ST	COUGHTON
APPLICATION FOR RENEWAL:	Annual	LICENSED	FOR 2013
	CLASS		YEAR
LICENSEE NAME: BENTO OF STOU	GHTON,INC		
DOING BUSINESS A ANDYS FOOD M	IART		
ADDRESS 330 MORTON ST			
CITY/TOWN: STOUGHTON	STATE: MA	ZIP CODE: 02	2072
MANAGER: BENTO, JOSEPH TYP	PE OF LICENSE: Paci	kage Store CATE	GGORY: Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF LICENSED PREMIS	SES:		
ONE FLOOR, TWO ROOMS, CELLAR DOOR FOR EMPLOYEES	FOR STORAGE. FR	ONT ENTRANCE AN	D EXIT. REAR
2. the licensee has complied with 3. the premises are now open for SIGNED BY: Individual, Partner		in below)	co, uiu
DATE: TELEPHON	E NUMBER:		ENTIFICATION NUMBER: nal Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING By:	G AUTHORITY
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 124400036		CITY OR TOWN	STOUGHT	ON
APPLICATION FOR RENEWAL: Annual LICENSED FOR				SED FOR 20	13
		CLASS		,	YEAR
LICENSEE NAME:	S.E.G., INC				
DOING BUSINESS	A PAGE'S II				
ADDRESS 506 PAC	GE ST				
CITY/TOWN: STO	OUGHTON	STATE: MA	ZIP CODE:	02072	
	JLSTON, PHEN E	TYPE OF LICENSE: Paci	kage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EM	AIL ADDRESS		ı
DESCRIPTION OF	LICENSED PR	REMISES:			
TWO FLOORS, WO		FIRST FLOOR, TWO ROC OMPRESSORS	MS. SECOND FLO	OOR, FIVE R	ROOMS.
2. the licens	see has complied	be of the same type for the sel with all laws of the Commen for business (If not expla	onwealth relating to		
SIGNED BY:	Individual, Pa	artner or Authorized Corpor	rate Officer		
DATE:	TELEP	PHONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	t IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	ain)		LOCAL LICENS By:	ING AUTHO	DRITY
			-		
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 124400037		CITY OR TOWN	STOUGHT	ΓON
APPLICATION FO	R RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	: JODEE ENTERF	PRISES, INC.			
DOING BUSINESS	S A BOB'S FOOD I	MART			
ADDRESS 289 PA	RK ST				
CITY/TOWN: STO	OUGHTON	STATE: M	A ZIP CODE:	02072	
	THER, TY	YPE OF LICENSE:	Package Store C	CATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOU	R EMAIL ADDRESS		
DESCRIPTION OF	LICENSED PREM	IISES:			
			. STORAGE IN CELI RY ENTRANCE AT S		FACING
I hereby certify and	swear under penaltie	es of perjury that:			
1. the renev	wed license will be o	of the same type for	the same premises nov	w licensed;	
2. the licen	see has complied wi	th all laws of the Co	ommonwealth relating	to taxes; and	
3. the prem	ises are now open for	or business (If not e	xplain below)		
SIGNED BY:					
	Individual, Partn	er or Authorized Co	orporate Officer		
DATE:	TELEPHO	NE NUMBER:			ΓΙΟΝ NUMBER:
			(Note: NOT li	idividual Social S	Security Number)
Please Check Below:			LOCAL LICEN	SING AUTH	ORITY
APPROVED:			By:	51110710711	Old I
DISAPPROVED:			J		
(If disapproved exp	lain)				
DATE					
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUN	MBER: 124400038		CITY OR TOWN	STOUGHTON
APPLICATION	N FOR RENEWAL:	Annual	LICENSE	ED FOR 2013
		CLASS		YEAR
LICENSEE NA DOING BUSIN ADDRESS 458	NESS A	OCERY & LIQUORS,ING	2.	
	STOUGHTON	STATE: MA	ZIP CODE:	02072
MANAGER:	GOULSTON, GERALD D	TYPE OF LICENSE:P		TEGORY: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION	N OF LICENSED PI	REMISES:		
	TWO ROOMS; ON CELLAR FOR STO	E SALES AND ONE FO CK	OD MARKET. TWO SI	IDE ENTRANCES
	premises are now op	d with all laws of the Conen for business (If not expected and the Cone of the	olain below)	axes, and
DATE:	TELE	PHONE NUMBER:		DENTIFICATION NUMBER: dual Social Security Number)
Please Check Below APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENSIN By:	NG AUTHORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1	24400039		CITY OR TOWN	STOUGHT	ON
APPLICATION FOR R	ENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME: IS	SHANI CORPORA	ΓΙΟΝ			
DOING BUSINESS A	JIMMY'S MARKE	Т			
ADDRESS 253 PLEAS	ANT ST				
CITY/TOWN: STOUC	GHTON	STATE: MA	ZIP CODE:	02072	
MANAGER: PATEL,	PAYAL N. TYPE	OF LICENSE:Pac	kage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PLE	ASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EN	IAIL ADDRESS		_
DESCRIPTION OF LIC	CENSED PREMISE	S:			
ONE ROOM FOR SAL REAR FOR DELIVERI				E AND EXIT	AT
	nas complied with all are now open for bu		nonwealth relating to	o taxes; and	
	ndividual, Partner of	r Authorized Corpo	rate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED:			LOCAL LICENS By:	ING AUTHO	ORITY
(If disapproved explain) DATE:					
DAIL.					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 124400040		CITY OR TOWN	STOUGHT	ON
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	S & H FOOD MAR	Γ, INC.			
DOING BUSINESS	A NEW STORE ON	THE BLOCK			
ADDRESS 420 PAR	RK STREET				
CITY/TOWN: STC	OUGHTON	STATE: MA	ZIP CODE:	02072	
MANAGER: PAT	EL, MITESH S. TYPI	E OF LICENSE:Pa	ckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR E	MAIL ADDRESS		
	LICENSED PREMISE	ES:			
ONE FLOOR DIVII		6			
	swear under penalties of the control		sama pramisas nove	licancade	
	ee has complied with a		=		
	ses are now open for b		=	o turios, una	
SIGNED BY:					
	Individual, Partner of	or Authorized Corp	orate Officer		
DATE:	TELEPHONE	NUMBER:			ION NUMBER:
			(Note: NOT Ind	ividuai Sociai So	ecurity Number)
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: [(If disapproved explain	 ain)				
(11 disapproved expire	 /				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 12	4400041		CITY OR TOWN	STOUGHT	ON
APPLICATION FOR RE	ENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: M	ORMAX CORPC	ORATION			
DOING BUSINESS A	B.J.'S WHOLESA	LE CLUB			
ADDRESS 901 TECHN	OLOGY CENTE	R DRIVE			
CITY/TOWN: STOUG	HTON	STATE: MA	ZIP CODE:	02072	
MANAGER: STUDLE	EY, BRIAN TYP	E OF LICENSE:Pac	kage Store C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEA	SE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF LIC	ENSED PREMIS	ES:			
2. the licensee h 3. the premises a SIGNED BY:	as complied with are now open for b	he same type for the all laws of the Comn business (If not expla	nonwealth relating in below)		
DATE:	TELEPHONE	E NUMBER:		R IDENTIFICAT dividual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICEN By:	SING AUTHO	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	BER: 124400042		CITY OR TOWN	STOUGHTON
APPLICATION FOR RENEWAL: Annual			LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAM	ME: BHUMI, INC			
DOING BUSINI	ESS A TOMAS VA	RIETY STORE		
ADDRESS 257	SCHOOL ST			
CITY/TOWN:	STOUGHTON	STATE: MA	ZIP CODE:	02072
Ι	PATEL, DASHRATHBHAI P.	TYPE OF LICENSE: Pac	ckage Store CA	ATEGORY: Wine and Malt Regular
EMAIL ADDRE	ESS:			
	PLEASE ALSO VISIT (OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
	OF LICENSED PR			
ONE STORY FI	RAME BLDG. FIRS	T FLOOR FOR SALES.	BASEMENT FOR S	TORAGE ONLY
2. the lie	censee has complied	be of the same type for the with all laws of the Comin for business (If not expl	nonwealth relating to	
SIGNED BY:	Individual, Pa	rtner or Authorized Corpo	orate Officer	
DATE:				
DATE.	TELEP	HONE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
Please Check Below APPROVED:	<u>r.</u>			ING AUTHORITY
DISAPPROVED	 D:		By:	
(If disapproved 6				
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	24400043		CITY OR TO	WN STOUGH	ION
APPLICATION FOR F	RENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: J DOING BUSINESS A ADDRESS 742 WASH					
CITY/TOWN: STOU	GHTON	STATE: MA	ZIP CODE	E: 02072	
MANAGER: PABLA	, GURMIT T	YPE OF LICENSE:P	ackage Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PLI DESCRIPTION OF LI		R WEBSITE AND ENTER YOUR MISES:	EMAIL ADDRESS		
2. the licensee 3. the premises SIGNED BY:	license will be has complied w are now open i	of the same type for the rith all laws of the Corfor business (If not expense) or Authorized Cor	nmonwealth relati		
•	marviauai, i aru	ner or radionized cor			
DATE:	TELEPHO	ONE NUMBER:		OYER IDENTIFICA $^{\prime}$ Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain]		LOCAL LIC	ENSING AUTH	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 12440004	44	CITY OR TOWN	STOUGHTON	
APPLICATION FOR RENEW	AL: Annual	LICENSED FOR 2013		
	CLASS		YEAR	
LICENSEE NAME: ANDRA	DE BROTHERS, INC.			
DOING BUSINESS A ANDRA	ADE LIQUORS			
ADDRESS 280 WASHINGTO	N ST			
CITY/TOWN: STOUGHTON	STATE: MA	ZIP CODE:	02072	
MANAGER: ANDRADE, JO	SE TYPE OF LICENSE:P	ackage Store CA	ATEGORY: All Alcohol	
EMAIL ADDRESS:				
PLEASE ALSO	VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF LICENSEI	PREMISES:			
ONE FLOOR INCLUDING TO ONE COMBINATION REAR I FRONT EXIT				
SIGNED BY:	open for business (If not exp			
Individua	al, Partner or Authorized Corp	orate Officer		
DATE: TE	LEPHONE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)	
Please Check Below: APPROVED:			ING AUTHORITY	
DISAPPROVED:		By:		
(If disapproved explain)				
		-		
DATE:			<u>_</u>	



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 124400045		CITY OR TOWN	STOUGHTON
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	DENAL, INC			
DOING BUSINESS	A SUPER DIS	COUNT LIQUORS		
ADDRESS 676 WA	SHINGTON ST			
CITY/TOWN: STO	OUGHTON	STATE: MA	ZIP CODE:	02072
MANAGER: NOE BRA	BLE, DFORD S.	TYPE OF LICENSE:Pa	ckage Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT (OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF	LICENSED PR	EMISES:		
ONE ROOM FIRST BUILDING WITH N		ALES. ONE ROOM FOR	R STORAGE IN REA	AR. SINGLE STORY
	ses are now ope.	with all laws of the Common for business (If not explanation).	ain below)	
	marviduai, i a	rulei of Authorized Corp	orate Officer	
DATE:	TELEP!	HONE NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	ain)		LOCAL LICENS By:	SING AUTHORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	124400046		CITY OR TO	JWN STOUGHT	ON
APPLICATION FOR	RENEWAL:	Annual	L	ICENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 21 WYM	A CENTRAL L				
CITY/TOWN: STOU	JGHTON	STATE: MA	ZIP COD	E: 02072	
MANAGER: PATE	L, RAJESH	TYPE OF LICENSE:Pa	ckage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF LONE ROOM FOR SA I hereby certify and sw 1. the renewe 2. the license	ICENSED PRE LES. ONE FLO wear under penal d license will be e has complied we es are now open	OOR WITH CELLAR. O	e same premises monwealth rela	s now licensed;	DRAGE
	individual, Par	tner or Authorized Corp	orate Officer		
DATE:	TELEPH	IONE NUMBER:		LOYER IDENTIFICAT DT Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	 n)		LOCAL LIG	CENSING AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	124400047		CITY OR TOWN	STOUGHT	TON
APPLICATION FOR	RENEWAL:	Annual	LICEN	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A	Λ	IE AMVETS POST	# 1977		
ADDRESS 1575 CEN					
CITY/TOWN: STOU	JGHTON	STATE: MA	ZIP CODE:	02072	
MANAGER: STEEL M.	RS,WILLIAM TYF	PE OF LICENSE: Ch	ıb (CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PI	LEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF L	ICENSED PREMIS	SES:			
SINGLE STORY BLI LOUNGE AND BASI		TRANCES. ONE R	EAR ENTRANCE.	. FIRST FLOO	OR
I hereby certify and sw	vear under penalties	of perjury that:			
1. the renewed	d license will be of	the same type for the	same premises nov	w licensed;	
2. the licensee	e has complied with	all laws of the Com	monwealth relating	to taxes; and	
3. the premise	es are now open for	business (If not expl	ain below)		
SIGNED BY:	Individual, Partner	or Authorized Corpo	orate Officer		
DATE:	TELEPHON	E NUMBER:			ΓΙΟΝ NUMBER:
			(Note: NOT In	idividual Social S	Security Number)
We the undersigned, Acts of 2004, signed license and (2) the co	by the building ins	spector and the hea	d of the fire depar	tment for the	above named
Please Check Below:			LOCAL LICEN	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	n)		_		
DATE:			-		
APPLICATION FOR RENEWA	AL MUST BE FILED BY LI	CENSEES DURING THE M	IONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 1	6A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124400048		CITY OR TOWN	STOUGHT	ON
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: COURTYARD M	ANAGEMENT CORP	ORATION		
DOING BUSINESS A COURTYARD I	3Y MARRIOTT			
ADDRESS 200 TECHNOLOGY CENT	ER DRIVE			
CITY/TOWN: STOUGHTON	STATE: MA	ZIP CODE:	02072	
MANAGER: SMITH, TODD K. TY	PE OF LICENSE: Innh	older CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR EMA	AIL ADDRESS		_
DESCRIPTION OF LICENSED PREMI	SES:			
FOUR STORY 152 ROOM HOTEL WI				
AND A COURTYARD AREA WITH A OF HOTEL WHERE THE BAR IS DES		L DE STORED OF	VITE FIKS	I FLOOK
I hereby certify and swear under penaltie	s of perjury that:			
1. the renewed license will be of	the same type for the s	ame premises now	licensed;	
2. the licensee has complied with	n all laws of the Comm	onwealth relating to	taxes; and	
3. the premises are now open for	business (If not explain	in below)		
SIGNED BY:		osts Officer		
marviduai, Partile	r or Authorized Corpor	ate Officer		
DATE: TELEBRION	NE NUMBER:	EMPLOYER	IDENTIFICAT	ION NUMBER:
TELEFHOI	NE NUMBER.	(Note: NOT Ind		
We the undersigned, attest that we are Acts of 2004, signed by the building in				
license and (2) the certificate of liquor				
Please Check Below:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				
DATE:		-		
.				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	: 124400052		CITY OR T	OWN STOUGHT	TON
APPLICATION FOR	RENEWAL:	Annual		LICENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	D K F BACKSTF	REET INC.			
DOING BUSINESS A	A FOLEY'S BACI	KSTREET GRILLE			
ADDRESS 531 PEA	RL STREET				
CITY/TOWN: STO	UGHTON	STATE: MA	ZIP CO	DE: 02072	
MANAGER: FOLE	Y, DAVID W. TY	PE OF LICENSE: Re	staurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF L					
THREE ROOMS. BA		TORAGE. KITCHEN	, MAIN DIN	ING ROOM, WAI	TING
2. the license	e has complied wit es are now open fo	f the same type for the th all laws of the Comp or business (If not expl er or Authorized Corpo	monwealth re ain below)		
DATE:	TELEPHO	NE NUMBER:		PLOYER IDENTIFICATE NOT Individual Social S	
Acts of 2004, signed	by the building in	re in possession (1) the nspector and the head r liability insurance i	d of the fire o	department for the	above named
Please Check Below:			LOCAL L	ICENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved explain	 in)				
(alsappio rea emplai	,				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	124400053	•	CITY OR TOWN STO	JUGHTON
APPLICATION FOR	RENEWAL:	Annual	LICENSED	FOR 2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 2 HAWES	A TGI FRIDAY'S	C.		
CITY/TOWN: STOU		STATE: MA	ZIP CODE: 020	77 <i>7</i>
MANAGER: HOLD	DEN,JOHN R. TYF	'E OF LICENSE: Resta	aurant CATEC	GORY: All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF L		EBSITE AND ENTER YOUR EMA	AIL ADDRESS	
	RESTAURANT OI		. FT. TO BE CONSTRU	JCTED AT RTE
I hereby certify and sv	vear under penalties	of perjury that:		
1. the renewe	d license will be of	the same type for the s	ame premises now licen	sed;
	•	all laws of the Commo business (If not explai	onwealth relating to taxe n below)	s; and
SIGNED BY:	Individual, Partner	or Authorized Corpor	ate Officer	
DATE:	TELEPHON	E NUMBER:		TIFICATION NUMBER: 1 Social Security Number)
Acts of 2004, signed	by the building ins	spector and the head	certificate required by of the fire department quired by Chapter 116	for the above named
Please Check Below:			LOCAL LICENSING	AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved explai	11)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 124400054		CITY OR TOWN STOUGHTON		
APPLICATION FOR RENEWAL:		Annual	LICEN	SED FOR 2013	
		CLASS		YEAR	
LICENSEE NA	AME: PARIS:CABARET	STARLINE ROOM	I DINNER THEATR	E	
DOING BUSI	NESS A				
ADDRESS 49	MONK STREET				
CITY/TOWN:	STOUGHTON	STATE: MA	ZIP CODE:	02072	
MANAGER:	KAMPANELAS,CH TYP ARLES	'E OF LICENSE:Re	estaurant CA	ATEGORY: All Alcohol	
EMAIL ADDI	RESS:				
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTIO	N OF LICENSED PREMIS	ES:			
			lain below)	, und	
					7
DATE:	TELEPHON	E NUMBER:		IDENTIFICATION NUMBER:	
Acts of 2004,	rsigned, attest that we are signed by the building ins	pector and the hea	d of the fire departr	nent for the above named	
Please Check Belo			LOCAL LICENS	ING AUTHORITY	
APPROVED:			By:		
DISAPPROVI (If disapproved					
(11 disapproved					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 124400055		CITY OR T	OWN	STOUGHT	ON
APPLICATION FOR	R RENEWAL:	Annual		LICENS	SED FOR 20	13
		CLASS				YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 401 TEC	A THE OLIVE GA		ESTAURANT	Γ		
CITY/TOWN: STO	UGHTON	STATE: MA	ZIP CO	DE:	02072	
MANAGER: CINI	ELLO, ERIK TY	YPE OF LICENSE: R	estaurant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
DESCRIPTION OF I ONE STORY BUILI RESTROOMS, WAI	LICENSED PREM	G OF DINING ROC		N , BAR	R, LOUNGE,	
2. the license	ed license will be o ee has complied wit ses are now open fo	es of perjury that: If the same type for the the all laws of the Control business (If not expect or Authorized Cortes)	nmonwealth re			
	maividuai, Parme	er or Authorized Cor	porate Officer			
DATE:	TELEPHO	NE NUMBER:				ION NUMBER:
We the undersigned Acts of 2004, signed license and (2) the c	by the building in	nspector and the he	ad of the fire	departn	nent for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCAL I By:	ICENS	ING AUTHO	DRITY
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 124400059		CITY OR TOWN	STOUGHT	ON	
APPLICATION FOR RENEWAL: Annual			LICEN	LICENSED FOR 2013		
		CLASS			YEAR	
LICENSEE NAME: DOING BUSINESS	A MR.CHEF'S					
ADDRESS 490 WA						
CITY/TOWN: STO	OUGHTON	STATE: MA	ZIP CODE:	02072		
MANAGER: ZHE	NG, JIA T	YPE OF LICENSE: R	Restaurant C.	ATEGORY:	Wine and Malt Regular	
EMAIL ADDRESS:						
	LICENSED PREM PREMISES WITH	I APPROXIMATELY	EMAIL ADDRESS 1911 SQUARE FEE	T OF SPACE	E	
I hereby certify and s	swear under penalt	ties of perjury that:				
		* *	ne same premises now			
	-		nmonwealth relating t	o taxes; and		
3. the premi	ses are now open	for business (If not ex	plain below)			
SIGNED BY:	Individual, Part	ner or Authorized Cor	porate Officer			
DATE:	TELEPHO	ONE NUMBER:	EMPLOYEI (Note: <u>NOT</u> Inc		TON NUMBER: ecurity Number)	
Acts of 2004, signe	d by the building	inspector and the he	the certificate require ad of the fire departe required by Chapte	ment for the	above named	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	ain)		LOCAL LICENS By:	SING AUTHO	ORITY	
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 124400062		CITY OR TOWN	STOUGHTO	ON
APPLICATION FOR	R RENEWAL:	Annual LICENSED FOR 2013			13
		CLASS		Y	YEAR
LICENSEE NAME:	STOUGHTON H	OUSE OF BREWS I	LLC		
DOING BUSINESS	A				
ADDRESS 26/28 PC	ORTER STREET				
CITY/TOWN: STC	OUGHTON	STATE: MA	ZIP CODE:	02072	
MANAGER: FAY	, SANDRA G. TY	PE OF LICENSE: R	estaurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF	LICENSED PREM	ISES:			
STREET LEVEL FL	OOR OF 26/28 PC	ORTER STREET WI	ΓΗ FRONT AND RE	AR ENTRY	
I hereby certify and s	swear under penaltie	es of perjury that:			
1. the renew	ed license will be o	f the same type for th	e same premises now	licensed;	
2. the licens	ee has complied wit	th all laws of the Con	nmonwealth relating to	o taxes; and	
3. the premi	ses are now open fo	or business (If not exp	olain below)		
SIGNED BY:					
	Individual, Partne	er or Authorized Corp	oorate Officer		
DATE:	TELEPHO	NE NUMBER:	EMPLOYER	R IDENTIFICATI	ON NUMBER:
			(Note: NOT Ind	lividual Social Se	curity Number)
*** (1 1 1		• (4)	1 400 4	11 61 4	204 641
			he certificate require ad of the fire departi		
			required by Chapte		
Please Check Below:			LOCAL LICENS	SING AUTHO	RITY
APPROVED:			By:		
DISAPPROVED:			•		
(If disapproved expla	ain)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 124400063	CITY OR TOWN STOUGHTON				
APPLICATION FOR RENEWAL:		Annual	LICENSED FOR 2013			
		CLASS			YEAR	
LICENSEE NAME:	PACIFIC OCEAN	N, INC.				
DOING BUSINESS	A					
ADDRESS 408 WA	SHINGTON ST					
CITY/TOWN: STO	OUGHTON	STATE: MA	ZIP CODE:	02072		
MANAGER: LI, J	IAN BIN TY	YPE OF LICENSE: Resta	nurant C	ATEGORY:	Wine and Malt Regular	
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EMA	IL ADDRESS			
DESCRIPTION OF	LICENSED PREM	ISES:				
I hereby certify and	swear under penaltie	es of perjury that:				
		of the same type for the sa	•			
	_	th all laws of the Commo	_	to taxes; and		
3. the premi	ses are now open for	or business (If not explain	n below)			
SIGNED BY:	Individual, Partne	er or Authorized Corpora	ate Officer			
	,	·				
DATE:	TEI EPHO	NE NUMBER:	EMPLOYE	R IDENTIFICAT	ΓΙΟΝ NUMBER:	
	TEEEI IIO	IVE IVENIBER.	(Note: NOT Inc	dividual Social S	Security Number)	
Acts of 2004, signe	d by the building in	re in possession (1) the nspector and the head or liability insurance rec	of the fire depart	ment for the	above named	
Please Check Below:			LOCAL LICENS	SING AUTH	ORITY	
APPROVED:			By:			
DISAPPROVED: [-			
(If disapproved expl	ain)		-			
DATE.						
DATE:		LICENSEES DURING THE MOI				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 124400064		CITY OR TOWN	STOUGHT	ON
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2013		
		CLASS			YEAR
LICENSEE N.	AME: JPK SUN INC.				
DOING BUSI	NESS A FAIRWAY C	AFÉ			
ADDRESS 11	37 PARK STREET				
CITY/TOWN:	: STOUGHTON	STATE: MA	ZIP CODE:	02072	
MANAGER:	KALEMKERIDIS, 7 PETER	ΓΥΡΕ OF LICENSE: Go pr	eneral on C emise	ATEGORY:	All Alcohol
EMAIL ADDI	RESS:				
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		_
DESCRIPTIO	N OF LICENSED PRE	MISES:			
FRONT ENTI	RANCEFACING NORT	HREAR ENTRANC	CE FACING SOUTH	I AND GOLF	COURSE
I hereby certify	y and swear under penal	ties of perjury that:			
1. the	renewed license will be	of the same type for the	e same premises nov	v licensed;	
2. the	licensee has complied v	with all laws of the Com	monwealth relating	to taxes; and	
3. the	premises are now open	for business (If not exp	lain below)		
SIGNED BY:					
	Individual, Part	ner or Authorized Corp	orate Officer		
DATE:	TELEPH	ONE NUMBER:		R IDENTIFICAT	
			(Note: NOT In	dividual Social S	ecurity Number)
Acts of 2004,	rsigned, attest that we signed by the building 2) the certificate of liqu	inspector and the hea	d of the fire depart	ment for the	above named
Please Check Bel	ow:		LOCAL LICEN	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVI					
(If disapprove	d explain)				
DATE:			-		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	124400065		CITY OR TOW	N STOUGHT	ON
APPLICATION FOR I	RENEWAL:	Annual	LICI	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	ADLEY WALKIN BI	ERNADIN			
DOING BUSINESS A	CHARL'S RESTAU	RANT			
ADDRESS 809 WASH	HINGTON STREET				
CITY/TOWN: STOU	GHTON	STATE: MA	ZIP CODE:	02072	
MANAGER: BERNA ADLEY	ADIN, TYPE Y WALKIN	OF LICENSE: Res	taurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR WEBS	TE AND ENTER YOUR EM	AIL ADDRESS		_
DESCRIPTION OF LI	CENSED PREMISES	S:			
REST. AND LOUNGE	ON FIRST FLOOR	BASEMENT FO	OR STORAGE		
I hereby certify and swe	ear under penalties of	perjury that:			
1. the renewed	license will be of the	same type for the	same premises no	ow licensed;	
2. the licensee	has complied with all	laws of the Comm	onwealth relatin	g to taxes; and	
3. the premises	s are now open for bu	siness (If not expla	in below)		
SIGNED BY:					
	Individual, Partner or	Authorized Corpo	rate Officer		
DATE:	TELEPHONE 1	NUMBER:	EMPLO	YER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NOT	Individual Social S	Security Number)
					-04-0-5
We the undersigned, Acts of 2004, signed by					
license and (2) the cer					
Please Check Below:			I OCAL LICE	NSING AUTH	ORITY
APPROVED:			By:	NSING ACTIV	OKITT
DISAPPROVED:			29.		
(If disapproved explain)		-		
			-		
DATE:					